

EXHIBIT B

SETTLEMENT CLASS MEMBER B

**ESQUIRE BANK***SETTLEMENT CLASS MEMBER B*

(800) 996-0213

www.esquirebank.com320 Old Country Rd., Ste 101
Garden City, NY 11530**Post Settlement Loan Note & Security Agreement**

Loan Number

Borrower

Date

September 22, 2016

TRUTH IN LENDING DISCLOSURE

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all scheduled payments.
12.39%	\$12,350.00	\$99,650.00	\$112,000.00
My payment schedule will be:			
NUMBER OF PAYMENTS	AMOUNT OF PAYMENTS	WHEN PAYMENTS ARE DUE (E means an estimate)	
1	\$112,000.00	September 22, 2017	
Security: I am giving a security interest in the proceeds from the Litigation matter identified on the next page under the heading "Security for Loan." Late Charge: If a payment is late, I will be charged 5% of the payment, but not more than \$5.00 for each payment. Prepayment: I will not have to pay a premium if I pay off my loan at any time prior to or at maturity. Additional Information: See the rest of this document for additional information about nonpayment, default, any required repayment in full before the maturity date and prepayment. Itemization of the Amount Financed: See below for Itemization of the Amount Financed.			

In this note, the words "I," "me," "mine" and "my" or "undersigned" mean the Borrower. The word "Bank" means ESQUIRE BANK.

REPAYING MY LOAN: To repay my loan, I promise to pay to the order of the Bank the sum of:

\$100,000.00

One Hundred Thousand Dollars

plus interest at the rate of:

12.00% per year.

Borrower

Address

City/State/Zip Code

Telephone

Interest will be charged beginning on the day of this note and continuing until the full amount of the term loan has been paid. I will pay the term loan on the earlier of (a) the day I receive the proceeds from the Litigation, or (b) the date that is twelve (12) months from the date of this Agreement. Each payment accepted by the Bank will be applied first on account on accrued interest and then on account of reduction in principal.

ASSIGNMENT OF LITIGATION PROCEEDS AND OTHER PROPERTY: As collateral security for my loan, I assign to the Bank my entire right, title and interest to all funds that I am entitled to receive under, in connection with or as a result of the Litigation (as described on the next page).

This assignment shall be a continuing one and shall be effective for any renewal of the above loan and/or deposit account, until the loan balance is entirely paid.

WITHDRAWAL BY BANK: The Bank is hereby authorized to withdraw any amounts on deposit in any account at the Bank, including accrued interest, if the undersigned defaults in any of the undersigned's debts to the Bank.

APPLICATION OF FUNDS: The Bank may apply the amounts withdrawn to any and all of my debts, including interest, collection costs and attorney's fees, if any. I understand the Bank will pay any remaining amounts to me, if my debts to the Bank are less than the amount in the Account. I will continue to be liable to the Bank if the amount in the Account is less than the amount of my debts to the Bank.

This assignment shall be a continuing one and shall be effective for any renewal of the above loan and/or deposit account, until the loan balance is paid in full.

SIGNATURES AND ACKNOWLEDGEMENT OF RECEIPT: I have received and read a copy of this document and understand and agree to its provisions including those on the following pages.

Borrower's Signature

Prepared By _____ Loan Checked By _____

IMPORTANT - CONSUMER IS BOUND BY THE TERMS OF ALL PAGES

Esquire Bank is an Equal Housing Lender and a Member of FDIC.



ESQUIRE BANK

READ CAREFULLY – BORROWER IS BOUND BY THE TERMS OF ALL PAGES

PLACE OF PAYMENT: I will make payments to the Bank at 320 Old Country Road, Ste 101, Garden City, NY 11530, or at any of the Bank's branches, or by mail to the address shown in the billing statement.

PREPAYING MY LOAN: I have the right to prepay the entire unpaid portion of the loan at any time. If I do pay off my loan within the first 60 days I will pay the Bank interest on the unpaid portion of the loan up to the day I repay, plus a prepayment premium equal to: 0.00% of the amount prepaid.

LATE CHARGES: If I do not make any monthly payment within 10 days after it is due, I will pay a late charge of 5% (5 cents for every \$1.00) of the past due amount, but no more than \$5.00 per payment.

SECURITY FOR LOAN: To protect the Bank if I default on my loan, I pledge and hereby grant to the Bank a security interest and lien on all of my right, title and interest in and to any and all amounts to be paid, whether by settlement, judgment or otherwise, in connection with or as a result of the following lawsuit in which I am the plaintiff(s) (the "Litigation"):

Title of Action: National Football League Player's Concussion Litigation , No. 2:12-md-02323

USD for the Eastern District of Pennsylvania

The Bank can apply any of this property against what I owe. I will take any and all actions required to perfect the Bank's security interest in the property securing this loan. I will promptly execute and deliver all further instruments and documents, and take all further action that may be necessary or desirable or that Bank may request, including but not limited to sending notices to third parties that any payments in connection with the Litigation be directed to the Bank, in order to perfect and protect any security interest granted under this Note and Security Agreement or to enable the Bank to exercise and enforce its rights and remedies under this Note and Security Agreement with respect to any of the property securing this loan. The Bank may file any and all documents, including but not limited to a Uniform Commercial Code financing statement, to evidence and perfect its security interest and lien in the proceeds of the Litigation and my other property.

REPRESENTATIONS: I represent that:

The Litigation has been fully and unconditionally settled, and is not subject to appeal, revocation or change. The net amount due me in connection with the Litigation, after payment of all attorneys fees, disbursements, structured settlement and other charges is: **\$360,568.00** (the "Net Amount").

No person or party has any right of set off or security interest or other claim of any kind against the Net Amount other than the Bank.

DEFAULT: I will be in default and the Bank can require that I immediately pay the unpaid portion of the loan plus interest without notice or demand to me if:

I do not make any payment on time; or

I make any false or misleading statement on the application for this loan; or

I become insolvent or go bankrupt; or

The Bank is served with legal papers concerning money which I owe to others as debts or taxes; or

I die; or

I break any agreement or promise I have made in this note or any other agreement with the Bank; or

Anything happens which the Bank believes endangers the property given as security or anyone else makes a claim of any kind against the property; or

Anything happens which the Bank believes reduces my ability to repay this loan.

Loan # [REDACTED]

If the Bank requires full payment because of the occurrence of a default, I hereby waive presentment, demand for payment and notice of dishonor.

ENFORCEMENT OF NOTE: The Bank can delay enforcing or waive any of its rights under this note without losing them. The Bank can only waive its rights under this note in writing signed by the Bank. If the Bank fails to exercise any of its rights on one or more occasions, it may still exercise them on any other occasion. The Bank can also accept late payments or partial payments even though marked "Paid in Full" or otherwise without losing any rights under this note.

COLLECTION COSTS AND LAWSUITS: If the Bank uses an attorney to collect this loan, I agree to pay the Bank expenses of collection, reasonable attorney's fees and court costs. I also agree that I will not be entitled to a jury trial in any lawsuit between the Bank and me involving this loan, and that if the Bank sues me I will not assert in that same lawsuit any claim I may have against the Bank.

BLANK SPACES AND CORRECTIONS: The Bank can fill in any blank spaces in this note, date when the Bank makes the loan and correct errors without notifying me.

LAW THAT APPLIES: This loan was made in the State of New York and shall be governed by New York State law.

NOTICE OF FURNISHING OF NEGATIVE INFORMATION: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Loan # [REDACTED]



(800) 996-0213

www.esquirebank.com320 Old Country Rd., Ste 101
Garden City, NY 11530

ITEMIZATION OF AMOUNT FINANCED

Loan #

Borrower Name

Loan Amount	\$100,000.00
Prepaid Finance Charges	
Application fee	\$350.00
Other	\$0.00
Amount Financed	<u>\$99,650.00</u>
Amount paid to your account	\$0.00
Amount paid to others on your behalf	
Pay Off Existing Case Loan/Advance	\$0.00
Creditor	\$0.00
Public officials	\$0.00
Credit Bureaus	\$0.00
Other creditors	\$0.00
Others	\$0.00
Amount given to you directly	\$99,650.00



(800) 996-0213
www.esquirebank.com

320 Old Country Rd., Ste 101
Garden City, NY 11530

Borrower

Borrower Address

Telephone

Loan Number

Date

September 22, 2016

Privacy Policy

Dear Borrower:

Enclosed please find the Esquire Bank Privacy Policy.

We appreciate the opportunity to be of service and ask that you contact me should you have any questions or require any further information.

Sincerely,

Lending Department
Esquire Bank
233 Broadway Suite 820
New York, NY 10279
212.286.3030 (Office)
212.286.9052 (Fax Number)

Enc.



(800) 996-0213
www.esquirebank.com

320 Old Country Rd., Ste 101
Garden City, NY 11530

NOTICE OF ASSIGNMENT OF LIEN

TO:

Craig Mitnick Law Office
35 Kings Highway East
Haddonfield, NJ 08033
(215)769-9000

You are hereby notified that on September 22, 2016 [REDACTED]

whose address is: [REDACTED]

("Assignor"), in conjunction with that certain litigation settlement entered into in the matter of:

National Football League Player's Concussion Litigation, No. 2:12-md-02323

USD for the Eastern District of Pennsylvania

Your client ("Assignor") transferred and assigned to Esquire Bank ("Assignee") all of the Assignor's right, title and interest in and to all funds the Assignor is to entitled to receive under, in connection with or as a result of the above litigation matter (the "Assigned Proceeds"). You are hereby instructed that prior to any proceeds being released to your client, you must issue payment to Esquire Bank by electronic transfer, certified funds or a check from your attorney trust account made payable to Esquire Bank in the amount of the Assigned Proceeds and to deliver such payment to the address set forth below for Esquire Bank. You are further instructed and acknowledge that any distribution made to your client ("Assignor") or any third party of Assignor prior to satisfying Esquire Bank's ("Assignee") lien as set forth above shall act as a violation of this Notice of Assignment of Lien and shall result in you being held legally liable for damages and attorney fees, in addition to any losses suffered by Esquire Bank hereunder.

Payment of the Assigned Proceeds must be delivered as follows:

Esquire Bank
320 Old Country Road
Garden City, New York 11530
Attn: Lending Department
Tax I.D. No. 34-2065079

Assignor: [REDACTED]

By: _____ Date _____

Borrower: [REDACTED] _____ Date _____

Assignee: Esquire Bank
320 Old Country Road
Garden City, New York 11530

By: _____ Date _____

Loan # [REDACTED]



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Garden City, NY 11530

ATTORNEY ACKNOWLEDGEMENT

Borrower: [REDACTED]

The undersigned is the attorney of record in the below captioned case.

I acknowledge receipt of this anticipated financial recovery on behalf of my client and further acknowledge notice of the fact that Borrower has granted Esquire Bank a Security Interest and Lien in the proceeds of the below captioned case as a consequence of Borrower's Loan Note & Security Agreement with Esquire Bank.

I acknowledge that pursuant to the Loan Note & Security Agreement, Borrower has assigned a priority interest in his or her proceeds to Esquire Bank to satisfy a loan. I further acknowledge that my client has authorized the priority interest to Esquire Bank and no monies may be released to the client until the term of the Loan Note & Security Agreement have been fully satisfied.

In addition, I have no knowledge of any other lien that would take priority over Esquire Bank's lien due by my client. I am unaware and have no notice of any other lien on my client's Case. I further acknowledge that Borrower's Loan Note & Security Agreement prohibits any further advance without the prior written consent by Esquire Bank.

Prior to making any distribution to Borrower, I agree to directly pay to Esquire Bank the full amount due under the Loan Note & Security Agreement. I further agree that I shall pay the full amount due by my client to Esquire Bank prior to releasing any funds prior to disbursing any money to my client and that I will contact Esquire Bank to verify total amount due and will satisfy Esquire Bank's lien. I will not pay any portion of Borrower's fee to Borrower's or on Borrower's behalf (other than attorney's fees for this case and any prior liens) until Esquire Bank's lien is satisfied in full.

I understand that marking a check or accompanying letter to the effect of a release of claim or "in full satisfaction", will not have a legal effect and that Esquire Bank is authorized to deposit said check without prejudice to its rights to collect payment in full.

The undersigned represents that this case has settled but the effective date of final settlement remains pending, and I have not yet received the settlement proceeds into my escrow account.

I further acknowledge that the following information provided by my firm to Esquire Bank is true and accurate to the best of my knowledge:

Gross Settlement		\$1,900,000
Attorney Fees	Contractual: 33.3% 10% <i>CPA</i>	(633,270)
MDL Assessment	UW Assumption: 5.0%	(95,000)
Advances Costs & Expenses	UW Assumption: 2.00%	(38,000)
Medicare / Medicaid	UW Assumption: 25.0%	(475,000)
Worker Comps Liens / Other Liens		0
Structured Settlement		0
Advanced to Client to Date		0
Other xx		0
Other xx		0
NET PROCEEDS TO BORROWER		658,730
EB Existing Loan 1150000xxx		0
EB Existing Loan 1150000xxx		0
Proposed Loan 1150000xxx		100,000
Total Loans To Esquire		100,000
LTV Total Loans without Interest	15.2%	
LTV (Total Loans + 18 month Interest)	17.9%	


 Attorney Signature

Print Name:

 CRAIG P. MITNICK, ESQ.
 Mitnick Law Office, LLC

 9/15/16
 Date



MONETARY AWARD FUND WORKSHEET
(NFL CONCUSSION LITIGATION SETTLEMENT)

SECTION A
Player Information

Player's Identifiers	
Player Name:	[REDACTED]
Claimant ID #:	[REDACTED]
Player Date of Birth:	[REDACTED]
Player Attorney:	Craig Mitnick, Esq.
Player Law Firm:	Mitnick Law Office, LLC
Claim Representative:	Attorney Listed above

Player's Team History		
Team 1:	[REDACTED]	Date Started [REDACTED] Date Ended [REDACTED]
Team 2:	[REDACTED]	Date Started [REDACTED] Date Ended [REDACTED] 2 games
Team 3:	[REDACTED]	Date Started [REDACTED] Date Ended [REDACTED]
Team 4:	xxxx	Date Started [REDACTED] Date Ended [REDACTED]
Team 5:	xxxx	Date Started [REDACTED] Date Ended [REDACTED]

Player's Current Medical Status				
STATUS	DIAGNOSED			
	Asymptomatic	Symptomatic but Undiagnosed	Symptomatic, Diagnosed Non-Qualifying Diagnosis	DIAGNOSED
				Yes

IF DIAGNOSED						
DIAGNOSIS	Parkinson's			DIAGNOSIS DATE	5/15/15	
	ALS	Death w/ CTE	Parkinson's	Alzheimer's	L2 Dementia	L1 Dementia
			X			

Player's Age at the Time of Formal Diagnosis: (If applicable)	
If a player has been formally diagnosed with a qualifying condition, what was the age of the player at the time he was formally diagnosed?	
Diagnosis:	Parkinson's
Rounded Age at time of diagnosis:	[REDACTED] 58.78

Player's Verification of Diagnosis:	
If the player has been formally diagnosed with a qualifying condition, is there medical documentation substantiating same?	
	yes

Physician Information:

If the player has been formally diagnosed; provide the name and contact information of the diagnosing physician:

Physician Name: [REDACTED]

Medical Group Name: [REDACTED]

Physical Address: [REDACTED]
[REDACTED]

Email Address:

Phone Number: [REDACTED]

Fax Number: [REDACTED]

SECTION B**Monetary award grid calculation**

Age at diagnosis	ALS	Death w/ CTE	Parkinson's	Alzheimer's	L2 Dementia	L1 Dementia
Under 45	\$5,000,000.00	\$4,000,000.00	\$3,500,000.00	\$3,500,000.00	\$3,000,000.00	\$1,500,000.00
45-49	\$4,500,000.00	\$3,200,000.00	\$2,470,000.00	\$2,300,000.00	\$1,900,000.00	\$950,000.00
50-54	\$4,000,000.00	\$2,300,000.00	\$1,900,000.00	\$1,600,000.00	\$1,200,000.00	\$600,000.00
55-59	\$3,500,000.00	\$1,400,000.00	\$1,300,000.00	\$1,150,000.00	\$950,000.00	\$475,000.00
60-64	\$3,000,000.00	\$1,200,000.00	\$1,000,000.00	\$950,000.00	\$580,000.00	\$290,000.00
65-69	\$2,500,000.00	\$980,000.00	\$760,000.00	\$620,000.00	\$380,000.00	\$190,000.00
70-74	\$1,750,000.00	\$600,000.00	\$475,000.00	\$380,000.00	\$210,000.00	\$105,000.00
75-79	\$1,000,000.00	\$160,000.00	\$145,000.00	\$130,000.00	\$80,000.00	\$40,000.00
80+	\$300,000	\$50,000	\$50,000.00	\$50,000.00	\$50,000.00	\$25,000.00
Dollar Amount of Monetary Grid Calculation that applies to Player:					\$1,300,000	

SECTION C
DETERMINING A PLAYER'S ELIGIBLE SEASONS

A player's total eligible season/s is determined by adding together the points from questions 1-6 below.

1. Number of full seasons (if any) player was in the NFL for 3 or more regular or postseason games? Answer # of Seasons: <input style="width: 100px;" type="text" value="4"/>	Add 1 point for each season
2. Number of seasons (if any) where player was active for at least 2 regular or postseason games and was then placed on injured reserve list or inactive list? Answer # of Seasons: <input style="width: 100px;" type="text" value="None"/>	Add 1 point for each season
3. If answer to question #2 above was in the affirmative, was the player placed on injured reserve list or inactive list for a head injury? Answer: <input style="width: 100px;" type="text" value="No"/> If #2 is None - answer must be No	Deduct 1 point if NOT for a head injury
<i>*if answer to question #2 above was not NONE, skip questions #4 and #5 below</i>	
4. Number of seasons (if any) player was on active list for one or more regular or postseason games and was then placed on injured reserve list or inactive list for two or more regular on postseasons games? Answer # of Seasons: <input style="width: 100px;" type="text" value="None"/>	Add 1 point for each season
5. If answer to question #4 above was "yes", was the player on injured reserve list or inactive list for a head injury? Answer # of Seasons: <input style="width: 100px;" type="text" value="None"/> If #4 is None - answer must be None	Deduct 1 point if NOT for a head injury
6. Was the player on an NFL, NFL Europe, AFL, or World League member club's practice, developmental, or taxi squad for at least 8 games and did not otherwise earn an eligible season? Answer: <input style="width: 100px;" type="text" value="No"/>	Add half point for each season
7. Manual Adjustment Answer: <input style="width: 100px;" type="text" value="No"/>	Add/Deduct half point
Total Eligible Seasons Applicable to player: 4	

FINAL ANTICIPATED MONETARY AWARD

A player's final monetary award is determined by taking the monetary grid amount that applies to the player above and discounting that amount by the eligible season discounts listed in the grid below.

Eligible Season Discount Chart			
5.00 +	Seasons played	0.00%	Discount applies
5.00	Seasons played	0.00%	Discount applies
4.50	Seasons played	10.00%	Discount applies
4.00	Seasons played	20.00%	Discount applies
3.50	Seasons played	30.00%	Discount applies
3.00	Seasons played	40.00%	Discount applies
2.50	Seasons played	50.00%	Discount applies
2.00	Seasons played	60.00%	Discount applies
1.50	Seasons played	70.00%	Discount applies
1.00	Seasons played	80.00%	Discount applies
0.50	Seasons played	90.00%	Discount applies
0.00	Seasons played	97.50%	Discount applies

Has the player ever suffered from a medically diagnosed stroke or traumatic brain injury prior to being diagnosed with a qualifying condition?
 Answer: No further action required

CONCLUSION	
Rounded Age at time of diagnosis:	59
Diagnosis:	DIAGNOSED Parkinson's
Monetary Grid Calculation that applies to Player:	\$1,300,000
Point:	4 Discount Factor: 20.00%
Prior Condition:	No Discount Factor: None
Player's Total Anticipated Financial Award:	\$1,040,000

I hereby certify the above is true and accurate to the best of my knowledge



ESQUIRE[®] BANK

December 22, 2017

[REDACTED]
[REDACTED]
[REDACTED]

Re: Post Settlement Loan [REDACTED]

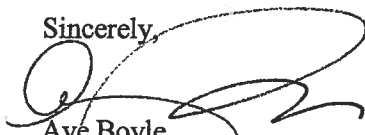
Dear Borrower:

Please allow this correspondence to serve as notification that the date "When Payments are Due" per the September 22, 2016 *Post Settlement Loan Note & Security Agreement* ("Agreement") has been further extended to June 22, 2018 at the stated interest rate of 12.00%.

Esquire Bank is not waiving any rights under the Agreement and all other terms and conditions of the Agreement remain unchanged unless otherwise indicated herein.

We appreciate the opportunity to be of service to you and ask that you contact us with any questions.

Sincerely,


Ave Boyle
Vice President

cc: Craig Mitnick Law Office

Executive Offices, 100 Jericho Quadrangle, Suite 100, Jericho, NY 11753-2708
Phone: 516.535.2002 | Fax: 516.535.5825

DISABILITY

Definition of Disability. A principal shall [redacted] if the principal is unable to manage his or her property and affairs [redacted] illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

Clauses [A] and [B] below shall not be a part [redacted] unless they are signed by the Principal(s).

A. Takes Effect Regardless of Disability. This Power of Attorney is effective now and remains in effect even if I become disabled (as defined above).

Dated:

Witness:

[redacted] 9-20-16 [redacted] (Seal)

B. Takes Effect Only Upon Disability. This Power of Attorney will only become effective when (and if) I become disabled (as defined above).

Dated:

Witness:

(Seal)

STATE OF CALIFORNIA

COUNTY OF [redacted] SS: [redacted]

I CERTIFY that on

SEP, 20

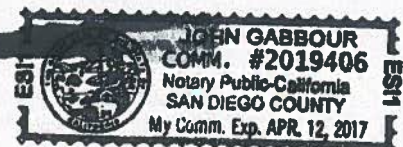
, 2016, [redacted]

personally came before me and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person):

- (a) is named in and personally signed this document; and
- (b) signed, sealed and delivered this document as his or her act and deed.

[redacted signature]

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.



**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

[This form has been approved by the New York State Department of Health]

Patient Name [REDACTED]	Date of Birth [REDACTED]	Social Security Number [REDACTED]
Patient Address [REDACTED]		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

metnick Law Offices Thirtyfive Kings Highway east Haddonfield NJ 08033

8. Name and address of person(s) or category of person to whom this information will be sent:

Betty Aquino Esquire Bank 100 Jericho Quadrangle, Suite 100 Jericho, NY 11753

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☒ By initialing here AVE I authorize metnick law offices to discuss my health information with my attorney, or a governmental agency, listed here:

Initials

Name of individual health care provider

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
- ☐ Other:

11. Date or event on which this authorization will expire:

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date: 5-16-17

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



ESQUIRE[®] BANK

September 20, 2017

[REDACTED]
[REDACTED]
[REDACTED]

Re: Post Settlement Loan [REDACTED]

Dear Borrower:

Please allow this correspondence to serve as notification that the date "When Payments are Due" per the September 22, 2016 *Post Settlement Loan Note & Security Agreement* ("Agreement") has been extended to December 22, 2017 at the stated interest rate of 12.00%.

Esquire Bank is not waiving any rights under the Agreement and all other terms and conditions of the Agreement remain unchanged unless otherwise indicated herein.

We appreciate the opportunity to be of service to you and ask that you contact us with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dina Axiadis".

Dina Axiadis
Assistant Vice President
Loan Administration

cc: Craig Mitnick Law Office

Executive Offices, 100 Jericho Quadrangle, Suite 100, Jericho, NY 11753-2708
Phone: 516.535.2002 | Fax: 516.535.5825

Subject: Post Settlement Loan Allan Vincent Clark 1150000871
Date: Wednesday, September 21, 2016 at 4:57:36 PM Eastern Daylight Time
From: Zenobia Collington
To: [REDACTED]
CC: Craig Mitnick, Ave Doyle
Attachments: 4769_001.pdf

Good Afternoon Mr. [REDACTED]

Please sign and return the loan documents attached as follows:

Post Settlement Loan Note & Security Agreement IMPORTANT: Your Power of Attorney also MUST sign this document.

**Notice of Assignment of Lien
Complete Loan Closing Instructions**

Once all documents have been signed and completed, please fax them back to us at 212-286-9052.

Good Afternoon Craig,

Please sign and return the **Attorney Acknowledgement form**.

Once both parties sign and return the required documents, the loan will be funded.

Thank you,

Zenobia Collington

****Please note the new address below****

Zenobia Collington |
233 Broadway, Ste 820 | New York, NY 10279
Direct: 212.286.3030 | Fax: 212.286.9052



esquirebank.com

ATTENTION CUSTOMERS: For your protection, please remember to mask sensitive data, such as account numbers and tax identification numbers on all emails (e.g. for SS# XXX-XX-1234, for TIN XX-XXX1234, for acc. # XXXXXX1234)

Please consider the environment before printing this email.

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